SCIENCE WITH MISS "JET" RAIN FOREST ROUNDUP CLASS



Ages 6-12

Join us for a "safari" through the rain forest and discover the variety of plants and animals that live there. How many different things can you think of that you regulary use that come from these tropical wonderlands? Learn about the life cycle of some of the animals that call the rain forest home.

When: Saturday, October 13, 2012 from 10am-11am

@ Studio in the Park @ Waid Park

OR

Thursday, November 8, 2012 from 6pm-7pm

@ The Franklin Center

Deadline to Register: One Week Prior to Class

Cost: \$13.00 per student

To register: Fill out the back of this form, mail form

and payment to:

Franklin County Parks & Recreation

2150 Sontag Road

Rocky Mount, VA 24151

www.franklincountyva.gov/parks



Please call Jeanette Lawler, instructor, at 540-334-2546 for more information.

<u>Franklin County Parks and Recreation Registration</u> <u>and Liability Waiver Form – 2012 Rain Forest Roundup Class</u>

Name		A ge	
Mailing Address			
City		Zip	
Email Address			
Home Phone:	Work Phone:	Cell Phone:	
PLEASE CIRCLE:	OCTOBER CLASS	NOVEMBER CLASS	
including the instructions or requirements of the person I agree to follow and comp I understand that it is impland understand that it is n	oly with all such rules, regulations, ortant that I be in good physical cony responsibility to maintain an act	g this activity and/or the where the activity is to take place. instructions, and/or requirements.	
my physical condition and	skill level.		
the result of participating i	e the risk of any physical injury or on this activity and any transportation be risk of injury in traveling to an		
Franklin, or any officer or or representatives of such pe of engaging in any activity contract, or otherwise: exthe County (or its agents) gross or wanton negligence	employee of the County, or any vorsions for any personal injury or lost relating to this program whether o	is that I might sustain as the result caused by negligence, breach of y to any claim I might have against is I might sustain arising out of also give permission to be	
Signature:			
I have the following physic	cal impairments or medical condition	ns, including allergic reactions:	
Current medications that p	participant is taking now:		
Name of Emergency Cor	ntact:		
Emergency Contact Pho			